

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# ciszkirsqfw

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Trausury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name o	f the organization		Employer Identification number			
TH	G MEIN	DERS FOUNDATION	73-1438459			
Organization type (check one):						
Filers o	of:	Section:				
Form 990 or 990-EZ		501(c)( ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-PF		(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
Genera	l Rule					
×	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.					
Special	Rules					
0	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year					
990-EZ	, or 990-PF), but it mu	t is not covered by the General Rule and/or the Special Rules does no est answer "No" on Part IV, line 2 of its Form 990; or check the box on PF, to certify that it does not meet the filing requirements of Schedule	line H of its Form 990-EZ or on			

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer Identification number Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) No. (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution Person **Payroll** \$ 2.402,000 Noncash (Complete Part II if there is a noncash contribution.) (a) No. (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution Person  $\overline{\Box}$ Payroll Noncash  $\Box$ (Complete Part II if there is a noncash contribution.) (a) No. (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payrol! Noncash (Complete Part II if there is a noncash contribution.) (a) **(b)** (c) (d) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (a) **(b)** (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution ) (a) (b) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll 1 Noncash (Complete Part II If there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization Employer identification number Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) FMV (or estimate) (a) No. (d) Date received from Description of noncash property given (see instructions) Part I (c) (a) No. (d) FMV (or estimate) (see instructions) from Date received Description of noncash property given Part I (a) No. (c) (d) FMV (or estimate) (see instructions) from Description of noncash property given **Date received** Part I (a) No. (c) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) (c) (a) No. (b) Description of noncash property given FMV (or estimate) from Date received (see instructions) Part I (a) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

	Form 990, 990-EZ, or 990-PF) (2012)			Page   Employer identification number			
ame of or	rganization			ampioyer manucation number			
art III	that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.  For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,  contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$						
CAN DE	Use duplicate copies of Part III if additional space is needed.						
(a) No. from Part I	(b) Purpose of gift		of gift	(d) Description of how gift is held			
		***************************************		10			
-		(e) Transf	er of gift				
	Transferse's name, address, and ZIP + 4 Relationship of transferor to transferoe						
Ì							
(a) No. from Part (	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	4111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						
		***************************************					
⊢	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relat	ionship of transferor to transferee			
1				***************************************			
		/		~			
a) No. from Part I	(b) Purpose of gift (c) Us		of gift (d) Description of how gift is held				
į	***************************************		<del></del>				
F	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
}							
GING.			**************************************				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
				***************************************			
-	(e) Transfer of gift						
	Transferee's name, address, ar		Relationship of transferor to transferee				
			***************************************				
} ·							

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

## **CISZKRSQFW**

4

0425874673 July 11, 2013 LTR 2697C 0 R 73-1438459 201212 44 00023164

THE MEINDERS FOUNDATION
14001 MCAULEY BLVD STE 100
DKLAHOMA CITY OK 73134



014986

#### DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer or Trustee

Date

Title